

This form contains Restricted Information.



CIRCUIT COURT FOR _____, MARYLAND

City/County

Located at _____ Case Number _____

Court Address

VS.

Plaintiff

Defendant

Street Address

Street Address

City, State, Zip

Telephone

City, State, Zip

Telephone

E-mail

E-mail

Child(ren)

Name

Age

**JOINT STATEMENT OF THE PARTIES CONCERNING
DECISION-MAKING AUTHORITY AND PARENTING TIME
(Md. Rule 9-204.2)**

NOTE: Complete this form if you are NOT able to reach a comprehensive parenting plan agreement.

“Party”: A person who seeks to establish or maintain a parent-child relationship with a child.

You must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission.

(check one)

☐ This is a jointly-prepared statement by

Party’s Name

Relationship to Child(ren)

☐ This is the statement of _____ (a joint statement
Party name

is not filed due to an allegation of domestic violence, child abuse, substance abuse, or other reason).

1. AGREE

We agree the following provisions are in the best interest of the child(ren) (consider factors in Md. Rule 9-204.1 and listed in the Instructions). Attach additional sheets if needed. For example, attach a Maryland Parenting Plan Tool (CC-DR-109) or other document that lists points of agreement.

A. Parental responsibility and decision-making authority

- ☐ _____ will make all major decisions for the child(ren).
Name
- ☐ We will jointly make all major decisions.
- ☐ We will divide the major decision-making in the following way:

Case Number _____

B. Parenting time/holidays

Parenting time and holidays shall be scheduled as follows:

C. Transportation and exchanges

Transportation and exchanges shall take place in the following way:

D. Communication between parents and child(ren)

We will communicate with the child(ren) as follows:

E. Child care

We will handle child care as follows:

F. Other issues

We also agree to the following:

2. DISAGREE

We **do not agree** on how to address the following issues (attach additional sheets if needed):

A. Parental responsibility and decision-making authority

Name

Proposal

B. Parenting time/holidays

Name

Proposal

C. Transportation and exchanges

Name

Proposal

Case Number _____

D. Communication between parents and child(ren)

Name

Proposal

E. Child care

Name

Proposal

F. Other issues: (*describe*)

Name

Proposal

Date

Signature

Printed Name

Street Address

City, State, Zip

Telephone Number

E-mail Fax

Date

Signature

Printed Name

Street Address

City, State, Zip

Telephone Number

E-mail Fax

Date

Signature

Printed Name

Street Address

City, State, Zip

Telephone Number

E-mail Fax